

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **091904,098**
APPLICANT(S)

FILING DATE

6-14-04

CLAIMS

	ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
8	/	/				
9	/	/				
10	/	/				
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12	/	/				
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40	/	/				
41	/	/				
42	/	/				
43	/	/				
44	/	/				
45	/	/				
46	/	/				
47						
48						
49						
50						
TOTAL NO.	2	1				
TOTAL DEP.	18					
TOTAL CLAIMS	20					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
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TOTAL DEP.						
TOTAL CLAIMS						